U.S. Department of Labor Enupl -yment Standards Administration Office of Labor-Management Standards Washington, DC 20210 FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LAROR ORGANIZATIONS IN TRUSTEESHIP

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.						
	LE NUMBER 2. PER	RIOD COVERED MO DAY	3. (a) AMENDED - YEAR filed report, of	If this is an amended report correcting a previously check here:		
COL. COL.	5 0 1 - 8 3 4 From		O O 1 (b) TERMINAL	- If your organization ceased to exist and this is its		
(ort, see Section XII of the instructions and check here: Y — If this is a report for a subsidiary organization of	ᆜ	
E PAS DEPT	Thro	ugh 1 2 3 1	2 0 0 1 (c) SOBSIDIAN your union a	/ — If this is a report for a subsidiary organization of s defined in Section X of the instructions, check here:	$ \sqcup$ $_{\rm j}$	
RANDALL FARMER	/2\	8. MAILING ADD	RESS			
GOVERNMENT EMPLOYEES AFGE	(2) 501-834 AFL-CIO 240	First Name				
C 117NATIONAL INS	240	\ <u></u>				
3596 W. 20TH PLACE		Last Name				
YUMA, AZ 853645920	12/2001	<u> Lask reams</u>				
FE E E 3 SF		\ \			Ì	
	lluduld	P.O. Box · Buildin	ng and Room Number (if any)		—— <u>-</u> -1	
4. AFFILIATION OR ORGANIZATION NAME		Number and Stre	eet			
GOVERNMENT EMPLOYEE						
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUM			——————————————————————————————————————		
<u>C</u>	117	City				
7. UNIT NAME (if any)		[
NATIONAL INS COUNCIL		State ZIP 0	Code + 4	-		
9. Are your organization's records kept at its (If "No," provide address in Item 75.)	mailing address? Yes X No	□ A Z 8	5 3 6 4 - 5 9 2 (<u>o</u>]		
75. ADDITIONAL INFORMATION						
Item Number						
					Ì	
					ļ	
Each of the undersigned, duly authorized officers of	of the above labor organization, declare	s, under the applicable pens	alties of law, that all of the information so	ubmitted in this report (including the information contained (See SectionVI on penalties in the instructions.)	in any	
	1		SIGNED: Condact	SECRETARY.		
76. SIGNED:		other title.	SIGNED. CONVOCAL /	K Firm ER (If other title	,	
02/13/2002	(700)~000/00 47	ee instructions.)	02/12/2002	(928) 329-8763 (in other title see instruct	•	
<u> </u>	Telephone Number	-	Date	Telephone Number		
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During the Reporting Period Did Your Organization:		18. How many members did your
Have a "subsidiary organization" as defined in Section X of the instructions?	Yes N	reporting period?
	ي ك	19. What is the date of your organization's next regular election of officers? MO YEAR 0 5 2 0 0 2
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?		20. What is the maximum amount recoverable
12. Have a political action committee (PAC) fund?		21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		Rates of Dues and Fees (a) Regular Dues/Fees \$ per
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	(b) Initiation Fees (c) Transfer Fees (b) Initiation Fees (c) Transfer Fees (b) Initiation Fees (c) N/A
15. Discover any loss or shortage of funds or other property?	X	(d) Work Permits N/A per N/A (Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)		22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		procedures listed in the instructions?
Liquidate or reduce any liabilities without disbursement of cash?		23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
		24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.,		(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

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Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		2 5 2 7 5 4	3 0 9 3 6 7
	26. Accounts Receivable		0	0
SLI	27. Loans Receivable	1	1 0 0 0	0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
-	30. Fixed Assets	5	0	5 5 0 0 0
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		2 5 3 7 5 4	3 6 4 3 6 7
	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
les IES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
LIAI	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		2 5 3 7 5 4	3 6 4 3 6 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only - Do Not Enter Cents

			Enter Amounts in E		3 Only Do Not Enter Cents
CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		3 8 7 1 6 5	56. To Officers	9	1 4 1 0 2
40. Per Capita Tax		0	57. To Employees	10	0
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	2 1 2 0 0 2
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		2 2 0 0 0
46. Interest		1 1 8 6 3	63. Benefits	11	0
47. Dividends		0	64. Contributions, Gifts & Grants	12	1 0 0 0 0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		0
50. Loans Obtained	8	0	67. Withholding Taxes		2 7 3 2
51. Repayments of Loans Made	1	1 0 0 0	68. Purchase of Investments & Fixed Assets	7	3 1 5 2 2
52. On Behalf of Affiliates for	'	0		1	0
Transmittal to Them		0	69. Loans Made	8	0
Disbursement on Their Behalf	14	0	70. Repayment of Loans Obtained 71. To Affiliates of Funds		0
54. Other Receipts	14		Collected on Their Behalf		0
			72. On Behalf of Individual Members		1 0 5 7
		40000	73. Other Disbursements	15	
55. TOTAL RECEIPTS		400028	74. TOTAL DISBURSEMENTS		2 9 3 4 1 5

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Receiv	Loans	
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
Name: AFGE Local 1233 Purpose: Start up Money Security: Signature Terms: 1 Year	1000	0	1000	0	0
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	1 0 0 0	0	1 0 0 0	0	0
The totals from Line 6 are entered in	ltem 27 Column (A)		Item 51	Item 75 with Explanation	Item 27 Column (B)

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities		1. None	0
1. Total Cost	0	2.	
2. Total Book Value	0	3.	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHER	R LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period (B)
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. None	0
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)			
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	ltem 36, Column (D)
		l L	

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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 1 - 8 3 4

Description (A)	(A) (B) (C)		Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				·
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	65000	10000	5 5 0 0 0	48000
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	65000	10000	5 5 0 0 0	48000
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	o	o	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in			ltem	49

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SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 1 - 8 3 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Computers/Software/Computer Repairs	31522	31522	31522
2.			
3			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	31522	31522	31522
	7. Less Reinvestments		0
	8. Net Purchases		3 1 5 2 2
The total from Line 8 is entered in		lten	n 68

SCHEDULE 8 -- LOANS PAYABLE

Output of Lance Broad to at Assi	I a a a a Count at	Repayment Made During Period		During Period		
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)	
None	0	0	0	0	C	
i						
ı.						
5. Totals from additional pages (if any)		_				
6. Totals of Lines 1 through 5	0	0	0	0		
The total from Line 6 is entered in	ltem 34 Column (C)	Item 50	ltem 70	ltem 75with Explanation	Item 34 Column (D)	

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 1 - 8 3 4

(A) Name (List all persons who held office during the they received no salary or other disburse	ne reporting period even if ements.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT o	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
MURPHY CHARLES 1. PRESIDENT	С	0	0	0	0	0
MEDELLIN RODOLFO 2. EXEC. VP	N	0	0	0	0	0
FARMER RANDALL 3. SEC/TREAS	C	14301	0	0	0	1 4 3 0 1
ROGERS MABEL 4. CENTRAL REGI VP	С	5 7 8	0	0	0	5 7 8
GENTILE IGNATIU 5. EASTERN REGI VP	С	0	0	0	0	0
CALLAHAN RANDY 6. WESTERN REGI VP	С	1 3 8	0	0	0	1 3 8
WILLIAMS MILDRED 7. VP AT LARGE	С	4 9 5	0	0	0	4 9 5
8. Totals from additional pages (if any)	_	1322	0	0	0	1322
9. Totals of Lines 1 through 8		16834	0	0	0	16834
				10. Less Deduction	5	2 7 3 2
The total from Line 11 is entered in			em 56	11. Net Disburseme	ents	1 4 1 0 2
*Code for Status (C): past officer - P; continuing office	r - C; new officer during th	e reporting period - N.		(If any officer was not your organization's co	t elected at a regular elected	tion in accordance with plain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 1 - 8 3 4

(A) Name (List all employees who received more than \$10,000 in total disbursem from your organization and any affiliates.)	Gross Salary		Disbursements for Official	Other	
(B) Position (Enter employee's job title.)	(before taxes and other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
1.					r.
2.					
3.					
		·			
4.					
-					
			·	. <u> </u>	
5.					
6. Totals from additional pages (if any)					
Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	0	0	0	0	0
			9. Less Deductions		0
The total from Line 10 is entered in		//////////////////////////////////////	10 Not District	nto	
The total from Line 10 is entered in		sin 9/	10. Net Disburseme		0

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 1 - 8 3 4

Description (A)	To Whom Paid (B)	Amount (C)
1. None	None	0
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
The total from Line 6 is entered in		Item 63

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Amount (B)						
		1	0	0	0	0
					_	
					_	
		1	0	0	0	0
		Ite	m 6	4		
			1	(B) 1 0	(B) 1 0 0	(B) 1 0 0 0

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)							
1, TELEPHONE/COMMUNICATIONS			_	2	9	4	7	7
2. CONVENTION/ MEETINGS		•		2	1	3	5	6
3. COMPUTER/EQUIPMENT				4	7	5	8	2
4. OFFICE SUPPLIES					7	9	4	2
5. POSTAGE					4	7	1	0
6. PRINTING					3	2	6	7
7. Total from additional pages (if any)				9	7	6	6	8
8. Total of Lines 1 through 7			2	1	2	0	0	2
The total from Line 8 is entered in Item 60								

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SCHEDULE 14-OTHER RECEIPTS

Description Amount (B) (A) 1.None 0 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. Total from additional pages (if any) 17. Total of Lines 1 through 16 0 The total from Line 17 is entered in Item 54 Form LM-2 (Revised 2000)

SCHEDULE 15-OTHER DISBURSEMENTS

Description (A)	Amoun (B)	t		
1.SURETY BOND	1	0	5	7
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.			_	
12.				
13.				
14.				
15.				
16. Total from additional pages (if any)				
17. Total of Lines 1 through 16	1	0	5	7
The total from Line 17 is entered in	ltem 7	73		

ORGANI	ZATION	N'AME:

GOVERNMENT EMPLOYEES AFGE AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

FILE NUMBER: 5 0 1 - 8 3 4

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

				 		
(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)	Status	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C)*	(D)	(E)	(F)	(G)	(H)
EVANS MARY		1 3 2 2	0	0	0	1 3 2 2
FAIR PRACTICES	С					
KRAMAR JOHN		0	0	0	0	0
VP AT LARGE	С					
NEUERBURG BRENDA		0	0	0	0	0
VP AT LARGE	С			ļ		
CALDERAS JULIAN		0	0	0	0	0
STAFF ASSIST	С					
MAGEE ROBERT		0	0	0	0	0
PRESIDENT	P					
						

ORGANIZ	A MOITA'	JAME-

GOVERNMENT EMPLOYEES AFGE AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

FILE NUMBER: 5 0 1 - 8 3 4

Description Amount (A) (B)						
REPRESENTATION		2		2	7	3
TRAINING			•••	6	7	6
TRAVEL		6	9	0	8	8
LEGISLATION			3	2	8	6
ORGANIZING		_	1	3	4	5
			_		<u> </u>	
	<u></u>					

ORGANIZATION NAME: GOVERNMENT EMPLOYEES AFGE AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	_

75. ADDITIONAL INFORMATION

Number		
14	An audit of our books are under way at this time by Thomas Havey LLP. in Brea, CA.	

ORGANIZATION NAME: GOVERNMENT EMPLOYEES AFGE AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	

75. ADDITIONAL INFORMATION (continued)

/3. AU	DITIONAL INFORMATION (continued)
Item Number	
15	Our Ex-President Robert Michael Magee made 2 withdrawals from our Checking Account without approval of the Executive Board and without permission. This totaled \$50,000.00. He refuses to respond to AFGE our parent Union (AFGE) and AFGE has turned this matter over to USDOL for further investigation. There has been no recovery of these funds to date.
	, and the second

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ORGANIZATION NAME:	
GOVERNMENT EMPLOYEES AFGE AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
19/31/9001	

75. ADDITIONAL INFORMATION (continued)

Item Number	
22	At our August 2000 convention our Constitution and By-Laws have changes and a copy is attached.
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ORGANIZATION NAME: GOVERNMENT EMPLOYEES AFGE AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	

75. ADDITIONAL INFORMATION (continued)

10. ADDITIONAL IN CHIMATION (COMMISCO)			
Item Number CR	Item 15 is the reason why we appear to be off \$50,000.00. As stated under Item 15, our Ex-President withdrew \$50,000.00 from our Checking		
	account. This money has not been recovered nor has he provided any explaination/vouchers to account for the money.		
:			
1			

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